

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Subject Number

09/963244

CLAIMS AS FILED - PART I

(Column 1)		(Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))				\$	OR		\$
TOTAL CLAIMS (37 CFR 1.16(c))		minus 20 =	X \$	=	OR	X \$	=
INDEPENDENT CLAIMS (37 CFR 1.16(b))		minus 3 =	X \$	=	OR	X \$	=
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ \$	=	OR	+ \$	=
TOTAL					OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

122606

(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	25	25		X \$		OR	X \$	
Independent (37 CFR 1.16(b))	2	4		X \$		OR	X \$	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$		OR	+ \$	
TOTAL ADDL FEE						OR	TOTAL ADDL FEE	

(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))				X \$		OR	X \$	
Independent (37 CFR 1.16(b))				X \$		OR	X \$	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$		OR	+ \$	
TOTAL ADDL FEE						OR	TOTAL ADDL FEE	

(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))				X \$		OR	X \$	
Independent (37 CFR 1.16(b))				X \$		OR	X \$	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$		OR	+ \$	
TOTAL ADDL FEE						OR	TOTAL ADDL FEE	

- If the entry in column 1 is less than the entry in column 2, enter 0 in column 3.
- If the Highest Number Previously Paid For of the TRS SPACE is less than 20, enter 20.
- If the Highest Number Previously Paid For of the TRS SPACE is less than 3, enter 3.

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to be paid by the USPTO in payment of an application. Confidentiality is provided by 35 U.S.C. 122 and 37 CFR 1.16. This collection of information is required to be completed on the day of filing, preparing, and submitting the completed application to the USPTO. There will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and its application, including the burden should be sent to the USPTO, Office of Management and Information Systems, Department of Commerce, P.O. Box 4850, Alexandria, VA 22304-4850. If you have any comments, please contact the USPTO, Office of Management and Information Systems, Department of Commerce, P.O. Box 4850, Alexandria, VA 22304-4850.